



米 Fユ344 (99093) cket No.: 103778

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR THE LAMINATION OF BAND-SHAPED UNCURED RUBBER MATERIALS

described and claimed in the specification:

Check one	•			•				
	a.		ned hereto					
	b.	☐ filed	on	as Application	No	and amended	on	(if applicable).
I	here	eby state th	hat I have reviewed	and understand the	contents of the above-identifi	ed specification,	including	the claims, as

amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title

37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 10-192,986 filed July 8, 1998 and Japanese Patent Application No. 11-175,095 filed June 22,1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

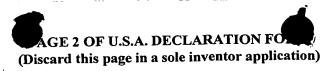
I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ypewritten Full Nam f First or Sole Invent		Masaharu		OKU
*Inventor's Signature: *Date of Signature:		Given Name Masahanu	. Middle Initial	Family Name
Residence:	Tokorozawa C	Month June	· · · · · · · · · · · · · · · · · · ·	Year
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*If Box (a.) is check	ced, this form may be ex	ecuted only when attache	ed to the specification (including cla	aims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

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朱 F2344 (99093)

i	Typewritten Full Nam		Yuichiro		OGAWA
	of Second Joint Inven	tor (ij any)	Given Name	Middle Initial	Family Name
•	**Inventor's Signature		, , , , , , , , , , , , , , , , , , , ,	midio agama	
2		·	T	20 1000	
3	**Date of Signature:	· · · · · · · · · · · · · · · · · · ·	Month	30, 1999 Day	Year
		Fuchu City, To		24)	
	Residence:	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State or Province	Country
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1	Typewritten Full Nan	ne			HATAKEYAMA
•	of Third Joint Invent	or (if any)	Kazuya	Middle Initial	Family Name
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1	Typewritten Full Na				
	of Fourth Joint Inve	entor (if any)			
			Given Name	Middle Initial	Family Name
2	**Inventor's Signatu	re:			
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	Residence:				Country
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1	Typewritten Full N				
of Fifth Joint Inventor (if any)		Given Name	Middle Initial	Family Name	
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		City		State or Province	·
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		including country)	actly as it appears and in	sert the actual date of signin	g.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.